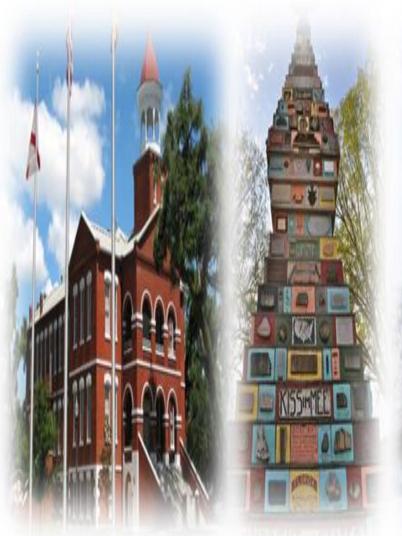
Oscenta Caunty











2019 Community Health Assessment

Table of Contents

| 01 | Background | | 05 | Health Behaviors | |
|----|---|----------|--------------------------------------|--|----------|
| | Acknowledgements Letter to the Community | 01 02 | | Tobacco use Diet and exercise Alcohol and drug use | 27 28 |
| 02 | Methodology | CON | | Sexual activity | 30 31 |
| | Introduction & Methodology | 03 | 06 | Clinical Care | |
| | Osceola County overview About this report | 05 12 | | Access to care | 32 |
| | County Health Rankings Model | 13 | | Injury & hospitalizations | 33 |
| | Primary & secondary data | 14 | | Birth characteristics | 34 |
| 03 | Community Profile 07 | | Social & Economic Factors | | |
| | Population | 17 | 10 185 | Economic conditions School & student characteristics | 36 37 |
| 04 | Health Outcomes 08 | | Physical Environment | | |
| | Mortality | 18 | 4 | Built environment | 38 |
| | Health indicators | 20 | LV J | Baile environment | 30 |
| | Social & mental outcomes | 21 09 | Policies and Programs | | |
| | Community input: Top county health issues | 23 | | Priority areas | 39 |
| | Key changes since the | 25 | | 1 | 0 / |
| | 2016 Community Health Assessment | | 10 | Appendix | |
| | | | | Sources & references | 41 |

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CHA Leadership Team

Data Collaborative Group

AdventHealth Aspire Health Partners

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Orange Blossom Family Health Center

Osceola Community Health Services

True Health

Florida Department of Health in Lake County

Florida Department of Health in Orange County

Florida Department of Health in Seminole County

Focus Group (9)

Health & Hunger Task Force

First Responders

Homelessness Providers

Mental Health Providers

AdventHealth Care Center

Aspire Health Partners

Osceola Council on Aging

Osceola Community Health Services

Elder Adult Providers

Key Informant Interviews (20)

Central Florida YMCA

Aspire Health Partners

Health Council of East Central Florida

Metro Plan

Second Harvest Food Bank of Central Florida

Central Florida Commission on Homelessness

Florida Department of Children & Families - Regional Director

Community Vision

Florida Department of Children & Families - Substance Abuse

Florida Department of Health in Osceola County

Osceola Community Health Services

The Transition House

Mental Health Association of Central Florida

Shepherd's House

Park Place Behavioral Health Care

Florida Department of Children & Families – Refugee Health

Florida Department of Children & Families - Human Trafficking

Florida Department of Children & Families - Adult Services

Florida Department of Children & Families – Foster Care



H ealth Officer/ Administrator

Florida Department of Health
Osceola County

Letter to the community



Since my appointment in October of 2018, I've had the privilege to meet and work alongside partners who are committed to meeting the diverse needs of our community. Within a short period of time, it was evident that one of Osceola County's greatest assets was the willingness for organizations to work collaboratively for the sake of our residents.

One such example is the Community Health Needs Assessment (CHNA) in which partners and agencies came together to determine the needs of our community. As a result, we have this foundational document that will guide planning efforts to address the barriers and gaps that impact the wellness of Osceola County. Moving forward, partners will reference this data to focus efforts and develop a Community Health Improvement Plan.

The data presents many challenges but also the opportunity for community partners to work collaboratively toward solutions that result in lasting and meaningful change. The Florida Department of Health in Osceola is committed to working alongside our partners, governments and residents to improve the wellness of our county.



Introduction

The Florida Department of Health in Osceola County (DOH-Osceola) produces a Community Health Assessment (CHA) every five years. The CHA **tells the story of public health in Osceola County**. It shares the wonderful things about our community and the ways we can improve.

We all have a role to play in making Osceola County a healthier place to live, learn, work and play!

As you read the CHA, think about how you can become involved.





Methodology

To develop the CHA, we used the Mobilizing for Action through Planning and Partnerships (MAPP) model. The MAPP model is made up of four assessments that help identify public health issues in our community:

Community Health Status Assessment | This explains the health standing of our community. Between September 2018 and June 2019, the assessment helped us identify our key community health problems by reviewing data about health conditions, quality of life and risk factors in the community.

Community Themes and Strengths Assessment | Information was collected between October 2018 and May 2019 from nine focus groups, 21 individual stakeholder interviews and 1,240 community survey participants, 86 intercept survey participants and 111 key informant survey participants. This data helped us learn what issues are important to our community, how the quality of life is seen in our community and what resources our community has that can be used to improve health.

Local Public Health System Assessment | Facts and figures were collected from four public health system scoring groups. This data helped us learn how well public health services are being provided to our community and the performance and abilities of our community health system.

Forces of Change Assessment | Information was collected from community leaders, which helped us learn what is happening or could happen that affects the health of our community and what dangers, or opportunities are exposed by these occurrences.

On April 4, the DOH-Osceola Community Health Improvement team met with the consultant team from Strategy Solutions, Inc. to review the primary and secondary data collected, review and prioritize identified needs. Using this CHA as a guide, we will create the Community Health Improvement Plan (CHIP). It will be used to improve health concerns reported in the CHA, in partnership with a group of dedicated people from community organizations.

COMMUNITY DEMOGRAPHICS & HIGH RISK POPULATIONS

Over the next 5-year period, Osceola County is expected to grow by about 9.7%, from 368,559 in 2019 to 404,326 in 2024, which is slightly above the state of Florida's expected growth rate (6.8%). The county has slightly more females (50.8%) than males (49.2%). The population is also predominantly White (67.8%) and has a sizable Hispanic population (55.1%), higher than the state of Florida (25.9%) and almost three times higher than the nation overall (18.3%).

The median age in 2019 is 36.8, slightly lower than the state of Florida overall (42.5). The median age is expected to grow slightly older to 38.1 by 2024. The percentage of residents living in our community with an education beyond high school (54.5%) is higher than the state of Florida (49.3%), and nation (39.0%). The median household income is \$54,449 with 14.6% of the families having incomes below the federal poverty level and 45.7% of households having incomes under \$50,000.1

Health is influenced by conditions where we live and the ability and means to access healthy food, good schools, affordable housing, and jobs. Unfortunately, significant gaps in life expectancy persist across many United States cities, towns, ZIP codes and neighborhoods. The Kenansville (34739) and two Kissimmee zip codes (34741 and 34743) have the highest poverty rate (between over 20%) as well as the highest unemployment rates (over 23%) of the zip codes in the service area.²



COMMUNITY DEMOGRAPHICS & HIGH RISK POPULATIONS (Cond.)

The largest health disparities in the four county region are related to race, income and education. For example:

- Whites in Osceola County have the highest rate of colorectal cancer incidence (44.2) compared to African Americans (28.0) and Hispanics (31.8).3
- African Americans have the highest rate of breast cancer incidence (137.6) compared to Whites (121.9) and Hispanics (101.8).³
- Whites (63.3) also have the highest rate of lung cancer in Osceola County compared to African Americans (25.4) and Hispanics (37.5).³
- Whites (8.7%) and Hispanics (7.6%) have the highest rates of asthma compared to African Americans (3.3%).3
- While whites (17.0% and Hispanics (14.7%) have the higher rates of diabetes compared with African Americans (3.6%), Whites (29.3) and African Americans (28.2) have higher diabetes death rates than Hispanic Whites (18.6) and Hispanic Blacks (5.3).³
- Infant mortality per 1,000 births in Osceola County is highest among African Americans (7.0) compared to Whites (3.7) and Hispanics (4.7).³
- Births to mothers with less than high school education is highest among Hispanics (9.4%), compared to Whites and African Americans (8.6%).³
- Adults with incomes less than \$25k are more likely (23.2%) to have poor mental health compared to those with incomes between \$25 and 49k (19.3%) and those with incomes 50k and above (2.7%).³

HEALTH ISSUES AMOUNG POPULATION GROUPS 4

In Osceola County, stakeholders identified HIV and Hepatitis C as top three community issues. Focus group participants noted that there is an increase of STDs in the community as a result of substance use and that the community is seeing an increase in Hepatitis C. Key Informants talked about the fact that an HIV/AIDS stigma still exists and there is a perception that AIDS has been solved. The new HIV cases reported rate per 100,000 had been increasing in Osceola County since 2012 from 14.9 in 2012 to 26.8 in 2016. The rate was higher than the 2016 state rate (24.1).

Stakeholders talked about health literacy as a top need and discussed the relationship between health literacy and the understanding of health conditions. Focus Group participants noted that people go to the emergency department when they are sick because they do not have a primary care doctor. Comments were also made during the focus group discussion that seniors do not trust doctors because they are worried that they may be placed in a nursing home.

Only the key informant survey respondents commented on leading causes of death in the primary research. They noted that some residents lack the ability to access care before it is too late and are referred to hospice because their disease progression is that far along. Barriers identified included access to preventative are and lack of insurance.

Key informants also talked about the high infant mortality rate for Hispanics as well as the poor birth outcomes for African Americans. A number of respondents commented on premature births and low birth weights and described obesity, substance abuse, genetics and infections as contributing to birth complications. Barriers to care that were identified included: lack of access to quality, affordable pre-natal care, lack of access to health care and social services and lack of housing services.

HEALTH ISSUES AMOUNG POPULATION GROUPS (Cond.)

The percentage of residents who have ever been told that they have a depressive disorder increased in Osceola County from 15.4% in 2013 to 16.6% in 2016. This was higher than the 2016 state rate of 14.2%. The percentage for those aged 65 and older increased from 12.1% to 15.3% as well.

Almost all of the Key informants (96.2%) indicated that mental health issues affect the clients they serve. Stakeholders indicated that mental health is a top community issue, with lack of mental health providers and corresponding services as a priority to be addressed. More than half (55.0%) of Stakeholders identified mental health as a top community need.

Key Informants commented that there is a huge need for mental health services. Many people have high levels of stress that impacts both physical and mental health. Intercept survey participants also commented that there is a need to increase the range and number of mental health services available in the community. Barriers to care include the continued stigma associated with mental health as well as the need for additional providers. There are long wait times to get an appointment and the cost of prescriptions make it impossible for people to get their needed medication. It was also noted that the homeless often go undiagnosed. Several Key Informants noted that there is a lack of community support for the mentally ill.

Osceola County community survey respondents were slightly more likely to have experienced prescription drug abuse (6.1%) versus the regional overall (4.7%). They are also more likely to experience illegal drug use (6.6% versus 5.6%), and tobacco use (12.3% versus 11.7%). Osceola County residents are slightly more likely to experience sexual behaviors (5.6%) compared to the region (4.4%).

HEALTH ISSUES AMOUNG POPULATION GROUPS (Cond.)

The rate of fentanyl-related deaths in Osceola County increased from 1.3 in 2013 to 11.1 in 2017. This was higher than the 2017 state rate of 8.3. Focus group participants commented that they think substance use is a key community issue and that homelessness is related to substance use. They also commented that there is an increase in crystal meth in the community and that kids are acting out and choosing to self-medicate with synthetic drugs.

Needed services include distribution of information on available services, access to affordable care, more Federally Qualified Health Centers, extended physician office hours, transportation, incentives for good doctors, help navigating the health care system, more services for the LBGTQ community, more services for immigrants, and more affordable medication.



SOCIAL DETERMINANTS OF HEALTH AFFECTING OSCEOLA COUNTY 4

Stakeholders indicated that the lack of transportation, lack of money/income and lack of affordable housing were important economic issues. Focus Group participants commented that there is currently a sizable homeless population in the area because there is a lack of affordable housing. There are people who are working multiple jobs with multiple families living in one house. Low wages make it difficult to have enough money to buy food and people eat a lot of food that is not healthy.

Key informant survey participants cited poverty, and lower incomes in the area as top needs in the community that need to be addressed. Intercept Survey participants identified lack of living wage jobs and lack of insufficient affordable housing as top community issues. Barriers include a transportation, jobs that don't have livable wages, lack of affordable and safe housing, income inequality, and homelessness.

The percentage of households who are cost burdened in Osceola County in 2016 was 24.4%, higher than the state rate of 20.4%. The percentage of households that were severely cost burdened is 25.1%, also higher than the 2016 state rate of 21.3%. Osceola County had the highest percentage of cost burdened households in the four-county region.

Key informant survey respondents also indicated that their clients struggle with a number of barriers to receiving health care. More than three-quarters of respondents indicated that their clients struggled with transportation (82.6%), access to mental health care (81.2%), poverty/low wages (81.2%), housing security/affordable housing (79.7%), substance use (76.8%), and mental health/mental illness (76.8%) as barriers.

Four out of ten (41.8%) community survey respondents lack access to high quality affordable, healthy food while 19.8% lack access to fresh, available drinking water. Over a third of respondents (38.9%) indicated that they lack access to safe roads and sidewalks. One third (33.3%) indicated that they lack recreational opportunities. These are all higher than the four-county region.

SOCIAL DETERMINANTS OF HEALTH AFFECTING OSCEOLA COUNTY (Cond.)

Stakeholders commented that there is insufficient access to healthy and affordable food options and a lack of usable sidewalks in the area. They also noted that there is poor air and water quality in the area.

Focus group participants discussed that many residents suffer from food insecurity. Key informants commented that many populations and neighborhoods lack that build environment that is necessary for a truly healthy community. They noted that the population is increasing but the infrastructure is not keeping up with the growth.

Needed services included more transit options to connect within and with other cities: road improvements should include public transportation access points. The community needs better protection of the environment including air and water quality and provision of green space. More accessibility for bicyclists and pedestrian-safe routes are needed.



About this report

HEALTH BEGINS WHERE YOU

LIVE, LEARN, WORK AND PLAY

All Osceola County residents should have the opportunity to make the choices that allow them to live a long, healthy life, regardless of their income, education, ethnic background or abilities.

It is important to work toward raising the bar for all Osceola County residents so that everyone can have the opportunity to make healthy choices. A disparity is when different groups of people have very different levels of health for no obvious reason. For example, it is important to know if people in one part of our county are sicker than people in the rest of the county. We would want to figure out what is going on and identify opportunities for better health.



WHAT DETERMINES OUR HEALTH?

Economic Stability: employment, income, housing, affordability of food and other necessities.

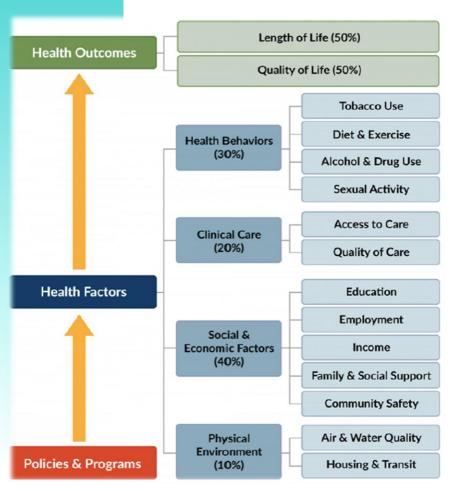
Education: high school graduation, language, and literacy.

Social & Community Context: social support, discrimination, civic participation, policies, and culture.

Health & Health Care: access to health care, access to interventions, and health literacy (or ability to understand and interpret health information).

Neighborhood & Built Environment: public safety, access to healthy foods, quality of housing, access to sidewalks, air quality, water quality, street lighting, and parks.

County Health Rankings Model⁶



HEALTH IS MORE THAN HEALTH CARE

Health is more than what happens at the doctor's office. As illustrated in the model at left, a wide range of factors influence how long and how well we live, from education and income, to what we eat and how we move, to the quality of our housing and the safety of our neighborhoods. For some people, the essential elements for a healthy life are readily available; for others, the opportunities for healthy choices are significantly limited.

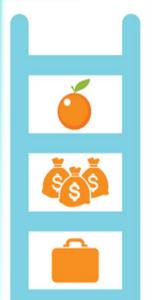
HEALTH IS FOR EVERYONE

Across the country there are significant differences in health outcomes, from one county to the next and among racial/ethnic groups. For example, African Americans, Native Americans and Hispanics have consistently faced barriers to opportunity and good health. Health disparities emerge when some individuals gain more than others—from consistently better access to opportunities and resources over the course of their lives. Increasing opportunities for everyone can reduce gaps in health. For example, providing better access to high-quality education and enrichment opportunities boosts workforce skills that are key to landing a good job and for upward economic mobility.

The Osceola County 2019 Community Health Needs Assessment is organized according to the topics in the County Health Rankings Model. The data provides a snapshot of the Health Outcomes, Health Factors and Policies and Programs in Osceola County.

Primary and **secondary** data

WHY DOES THE CHA INCLUDE INFORMATION ON EDICATION AND INCOME?



Higher education and incomes impact health in many ways. People with higher incomes have the opportunity to make healthy choices because they are more likely to live in safe homes and neighborhoods, have access to healthy foods and safe places to exercise, have health insurance and resources to deal with stressful life events. Those who are working and still struggling to pay the rent can't always make healthy choices because they don't have as many resources. Families who are struggling to get by are also more likely to face more overall stress and have less resources to deal with stressful events. Chronic stress creates higher levels of harmful hormones, which can increase the risk of many diseases such as cancer, diabetes, heart disease and stroke.⁶

So, it makes sense that groups of people with more education and higher incomes generally have better health and live longer than those with lower incomes. Middle-income Americans are healthier than those who struggle financially, but they are less healthy than those with high incomes. Groups of people with the lowest incomes tend to have the worst health and die younger. ⁶

Primary and **secondary** data

WHY ARE THE STATISTICS BROKEN DOWN BY POPULATION GROUPS?

By comparing, we can see where we are doing well and where we could improve. It is helpful to look at how healthy people in Osceola are, as a group, compared to people in the rest of Florida or in the whole United States. These comparisons cannot be applied to individual people, only to groups of people. For example, men might be twice as likely to die of accidental poisoning than women, but that does not mean a specific man is twice as likely to die from poisoning than his sister.



The graphic on the left shows the group of men have a 25% chance of being orange, not that one man has a 25% chance of being orange.

WHAT ARE THE RATES?

Rates are a way to compare between groups of different sizes. Let's say 1,000 ice cream cones were handed out at the county fair and 100 ice cream cones fell to the ground. 50 of the ice cream cones were strawberry ice cream and 50 were mint chocolate chip ice cream. These numbers would make us think that strawberry and mint chocolate chip ice cream cones fall to the ground at the same rate. But, what if 80% of the ice cream cones handed out were strawberry and 20% were mint chocolate chip? Then we would expect that if 100 cones had fallen, 80 would be strawberry and 20 would be mint chocolate chip. Rates help us see the number of ice cream cones that fell in relation to the number of ice cream cones handed out.

Ice Cream Cones Handed Out 800 Strawberry 200 Mint Chocolate Chip

1000 Total Cones

 \triangleright

Ice Cream Cones that Fell 50 Strawberry

50 Strawberry 50 Mint Chocolate Chip 100 Total Cones

Fall Rate



Population



268,685 **2010** 368,559 **2019**

PROJECTION¹

404,326 **2024**



34,434

African American,

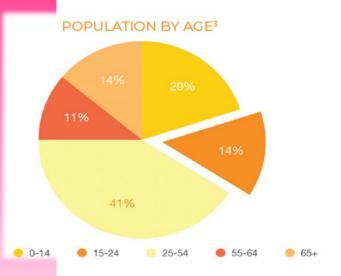
Hispanic

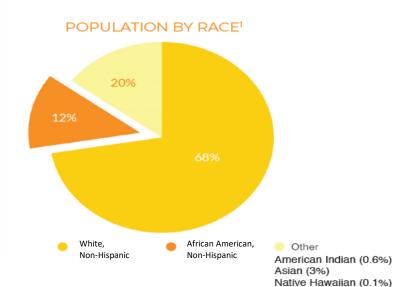
14.898

African American,

Non-Hispanic

POPULATION BY ETHNICITY³





1

White,

Non-Hispanic

*55.1% of the population in Osceola County is Hispanic/Latino.¹

White,

Hispanic





2000

60,976

Housing Boom¹

2010

2 or More Races (5%)

122,597

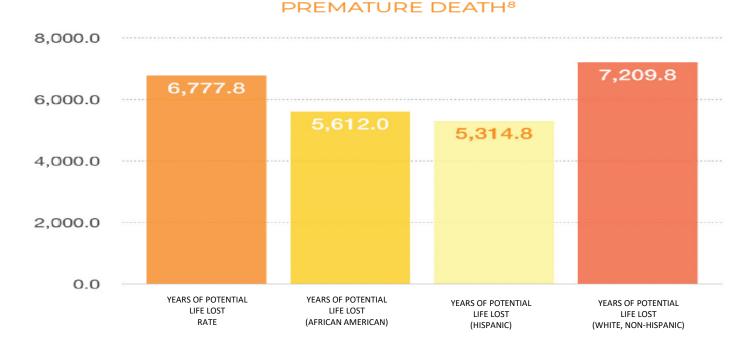
2019

Health outcomes

Health Outcomes represent how healthy a county is right now. They reflect the physical and mental well-being of residents within a community through measures representing not only the length of life but quality of life as well.8

MORTALITY

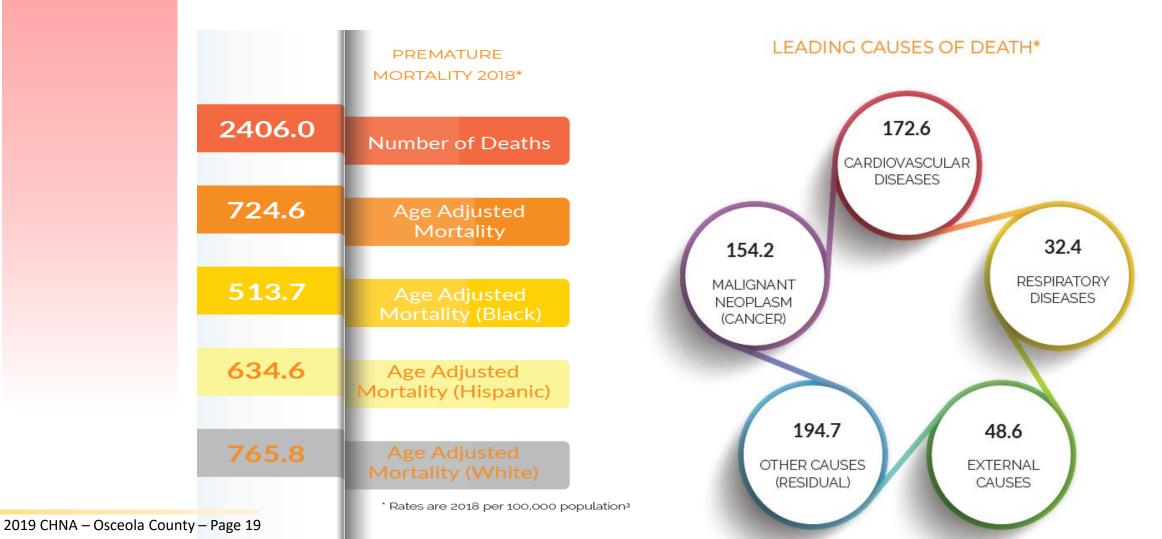
Years of potential life lost (YPLL) or potential years of life lost (PYLL)⁶, is an estimate of the average years a person would have lived if he or she had not died prematurely (before age 75). It is, therefore, a measure of premature mortality. As an alternative to death rates, it is a method that gives more weight to deaths that occur among younger people.



*Hispanic residents of Osceola County tend to live longer than African American residents.

Health outcomes

Cardiovascular Diseases is the leading cause of death in Osceola County. Risk factors including smoking, high cholesterol, high blood pressure, physical inactivity and diabetes.³



Health outcomes

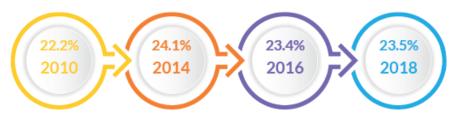
HEALTH INDICATORS



ADULTS DIAGNOSED WITH DIABETES3



STUDENTS DIAGNOSED WITH ASTHMA³



- *White residents (48.5) are less likely to die of a stroke than African American residents (53.1).3
- *Heart Disease deaths decreased 6.8% in Osceola County between 2011 (193.0) and 2017 (180.3).3
- *Hispanics are less likely to die of heart disease, cancer, cardiovascular diseases and chronic lower respiratory disease than other races/ethnicity.
- *Women are more likely than men to experience "silent" heart attacks, which have less recognizable symptoms like chest pain. This may explain why fewer women survive their first heart attack than men.¹¹

Social and mental outcomes

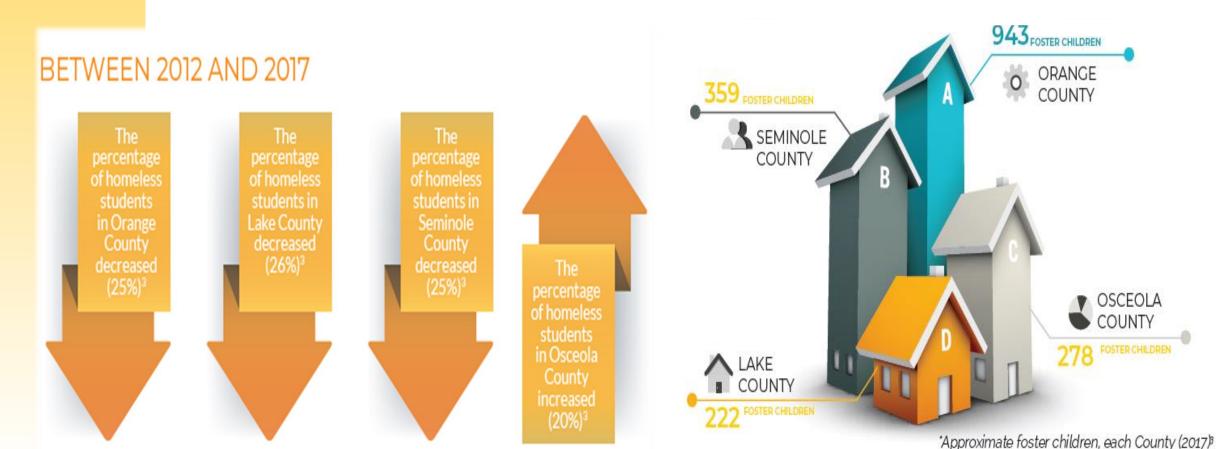




"While the **"public face" of homelessness** is often that of people experiencing long-term chronic homelessness, the reality is that the experience of homelessness spans demographics and populations - young and old, employed and unemployed, healthy and ill, female and male."¹¹

- *Adults with household incomes under \$50K are more likely to have depressive disorder than those with higher incomes.³
- *In Florida, mental illness is the number one disabling condition that leads to homelessness.¹¹
- *Almost 40% of Osceola County households are cost burdened or severely cost burdened.
- *The suicide rate for young adults age 19-21 almost doubled between 2012 and 2017.
- *Adults age 45-64 are more likely to have depressive disorder than other age groups.3

Social and mental outcomes



^{*}Estimated number of people in each county that are homeless Lake (312); Seminole (288); Orange (1,539); and Osceola (226).

^{*}Home ownership rates have decreased in Osceola County from 65.7% in 2000 to 60.4% in 2017.

Community input of top county health issues

COMMUNITY SURVEY

TOP 10 ISSUES AFFECTING RESPONDENTS & FAMILIES¹⁰

| 01 | HYPERTENSION/ HIGH BLOOD PRESSURE |
|------|--|
| 02 | OBESITY AND OVER-WEIGHT |
| 03 | HIGH CHOLESTEROL |
| 04 | DIABETES |
| 05 | EMPLOYMENT OPPORTUNITIES/ LACK OF JOBS |
| 06 | AFFORDABLE AND ADEQUATE HOUSING |
| 07 | INFLUENZA AND PNEUMONIA |
| (08) | ASTHMA/COPD RELATED ISSUES |
| 09 | HEART DISEASE |
| 10 | CARDIOVASCULAR DISEASE |

STAKEHOLDER INTERVIEWS TOP 10 PRIORITIES 12

| 01 | ACCESS TO HEALTHCARE, INCLUDING FOR THE UNDER/UNINSURED | |
|----|---|---|
| 02 | MENTAL/BEHAVIORAL HEALTH | |
| 03 | OPIOID/SUBSTANCE USE | П |
| 04 | CHRONIC DISEASE | |
| 05 | LACK OF AFFORDABLE HOUSING | |
| 06 | TRANSPORTATION | |
| 07 | MONEY AND FUNDING | |
| 08 | FOOD DISPARITY | |
| 09 | FATALITY INJURY PREVENTION | |
| 10 | SERVICES FOR SENIORS | |

Community input of top county health issues

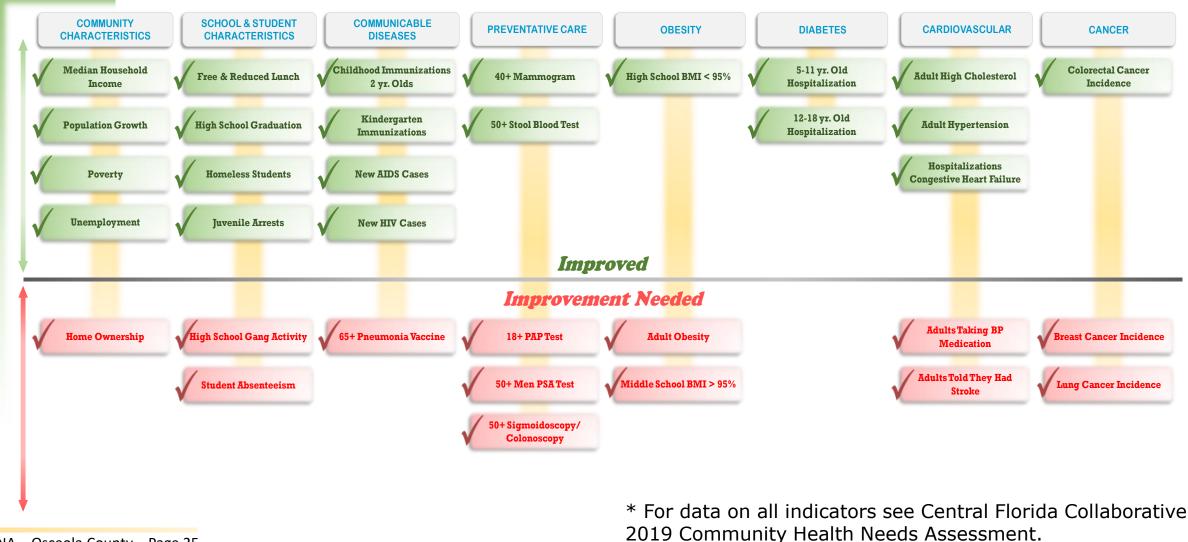
KEY INFORMANT SURVEY
TOP COMMUNITY ISSUES¹³

| 01 | LIVING WITH A DISABILITY |
|----|---|
| 02 | HOUSING SECURITY (AFFORDABLE HOUSING) |
| 03 | STDs AND HIV |
| 04 | MENTAL HEALTH/ILLNESS |
| 05 | LACK OF MEDICAID EXPANSION |
| 06 | TRANSPORTATION |
| 07 | POVERTY/LOW WAGES |
| 08 | HOMELESSNESS |
| 09 | HUMAN TRAFFICKING |
| 10 | FOOD SECURITY (ACCESSIBILITY TO NUTRICIOUS FOODS) |

FOCUS GROUP TOP COMMUNITY ISSUES¹⁴

| 01 | LACK OF PROVIDERS/SERVICES |
|----|----------------------------|
| 02 | FOOD/NUTRITION |
| 03 | TRANSPORTATION |
| 04 | MENTAL HEALTH |
| 05 | SUBSTANCE ABUSE |
| 06 | HOUSING |
| 07 | ACCESS |
| 08 | SENIOR SERVICES |
| 09 | LANGUAGE/CULTURE |
| 10 | EDUCATION |

Key changes since the 2016 Community Health Assessment 15



Key changes since the 2016 Community Health Assessment 15

NOTE: the Built Environment indicators do not have comparable data to previous reporting periods and are not illustrating as either a positive or negative trend. Yet, when compared to the other counties in Florida, there is room for improvement.



* For data on all indicators see Central Florida Collaborative 2019 Community Health Needs Assessment.

Tobacco use

SPOLTLIGHT ON E-CIGARETTES¹⁶

Electronic cigarettes are devices that deliver vapor to the user by heating "e-liquids." Many e-liquids contain nicotine, a highly addictive chemical. Nicotine is the main reason people continue to use tobacco.

The vapor that e-cigarettes release may not be tobacco smoke, but it is still harmful. Studies have shown that probable cancer-causing chemicals are measurable in some e-cigarette vapor. Bystanders exposed to e-cigarette vapor can also absorb its nicotine.

It is common for people to use e-cigarettes to attempt to quit smoking. Most e-cigarette users - nearly 6 in 10 - do not quit smoking. They continue to smoke conventional cigarettes while also using e-cigarettes. There are still many unknowns regarding the health impacts of e-cigarettes. Regulations for e-cigarettes and vaping products are lagging.



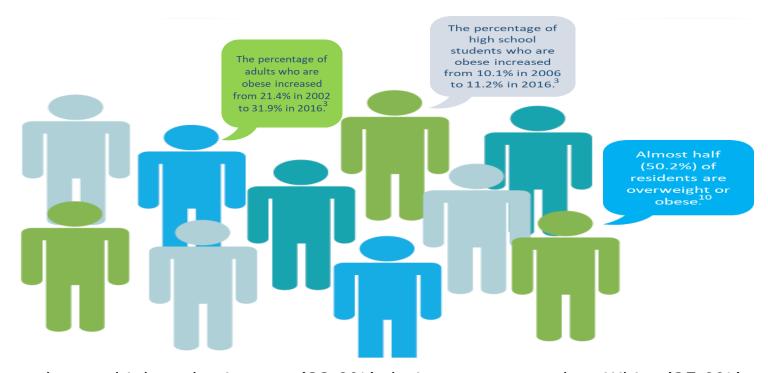
- *Moms who smoke during pregnancy are at a greater risk for having a low birth weight and/or pre-term delivery compared to moms who do not smoke during pregnancy.⁷
- *25% of smokers in Florida are 44 years old or younger. 16
- *The percentage of adults who are current smokers in Osceola County has declined from 26.1% in 2002 to 13.9% in 2016.¹⁷
- *The percentage of middle school students who smoked cigarettes in the past 30 days has declined from 2.1% in 2014 to 0.8% in 2018.³
- *The percentage of high school students who smoked cigarettes in the past 30 days has declined from 6.2% in 2014 to 2.6% in 2018.⁴

Diet and exercise

HEALTH BEHAVIORS

Health behaviors are actions individuals take that affect their health. They include actions that lead to improved health, such as eating well and being physically active, and actions that increase one's risk of disease, such as smoking, excessive alcohol intake, and risky sexual behavior. 8

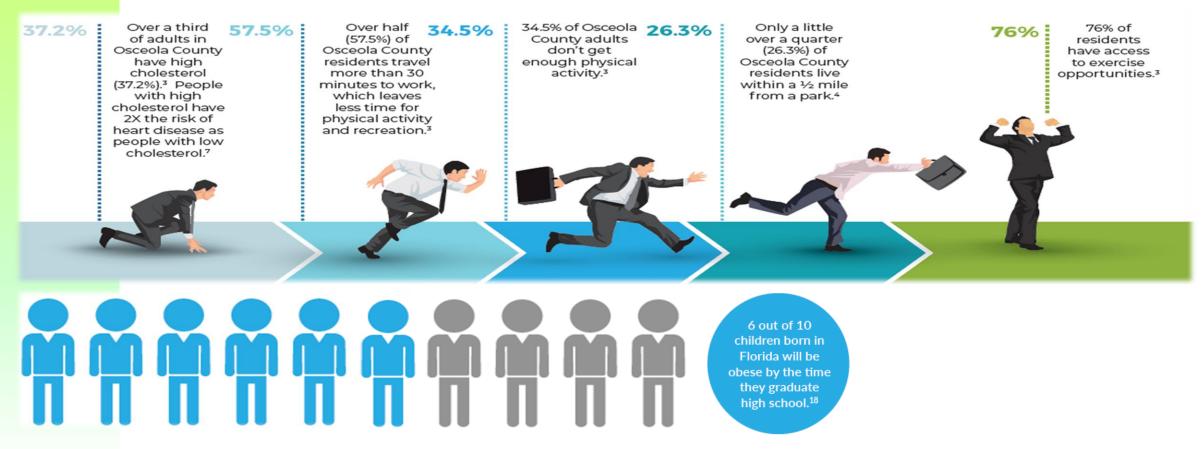
80% of middle school and 81% of high school students don't get enough physical activity.3



^{*}African American women have a higher obesity rate (33.9%) during pregnancy than White (25.9%) or Hispanic (26.0%) women.³

Diet and exercise

The average commute time (the time it takes to get to work) is 35 minutes, leaving less time for physical activity. 1



^{*}Being overweight or obese is a risk factor for nearly every leading cause of death including: cancer, heart disease, stroke and chronic lower respiratory disease.⁷

^{*}Nationally, research estimates that \$117 billion in health care costs per year can be linked to a lack of physical activity.⁷

^{*}Osceola County has 12 census tracts that are designated food deserts. 19

Alcohol and drug use

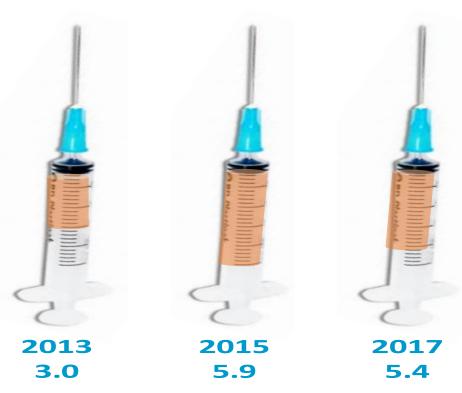
The Heroin-related death rate increased in 2015 but decreased to 5.4 in 2017.3

One in five adults binge drinks alcohol.⁷ Binge drinking among Osceola County adults increased from 10.5% in 2010 to 16.1% in 2016.¹⁷

The Fentanyl-related death rate in Osceola County has risen over 750% from 1.3 in 2013 to 11.1 in 2017.4



RATE PER 100,000



Sexual activity

The rate of new HIV cases in Osceola County increased from 21.7 in 2013 to 26.8 in 2017.3

The rate of new AIDS cases reported has decreased from 11.7 in 2013 to 9.1 in 2017.³

Men are almost 50% more likely to have gonorrhea than women (128.5 versus 83.1).



Every pregnant woman should be tested for HIV and STDs. Untreated STDs in pregnant women can have serious health consequences for newborns, including: premature birth, low birth weight, eye and lung infections, developmental problems and death.⁷

Stopping the spread of HIV/AIDS is still a major public health concern. However, with new medications it is now possible for those who are HIV-positive to live a long and healthy life.⁷

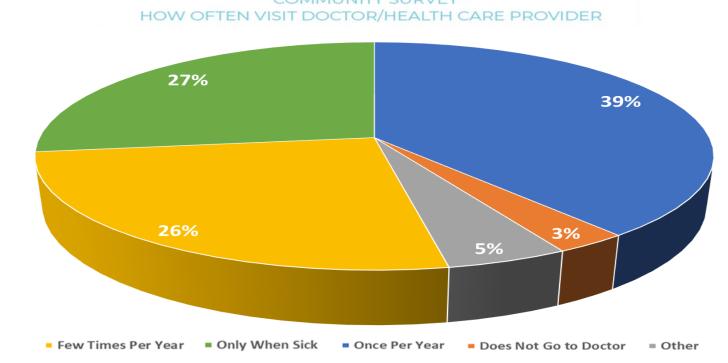
Access to care

Almost one in four (39.2%) Community Survey respondents only see a doctor or other medical provider. 10

Osceola County currently has one primary care physician for every 2,250 residents, much lower than the state of Florida (1,376:1).8

Osceola County has 1 dentist for every 3,692 residents compared to the state of Florida that has 1 for every 1,735 residents. 8

Osceola County has 1 mental health provider for every 769 residents compared to the state of Florida that has 1 for every 703 residents.8



Access to care

CLINICAL CARE

Access to affordable, quality, and timely health care can help prevent diseases and detect issues sooner, enabling individuals to live longer, healthier lives. While part of a larger context, looking at clinical care helps us understand why some communities can be healthier than others.⁸

Since 2010, fewer Osceola County adults are getting Pneumonia and Flu vaccines.3



INJURY & HOSPITALIZATION

A small percentage (6.9%) of Osceola County Community Survey respondents have been impacted by motor vehicle crash deaths in their families. ¹⁰

Almost ¼ (22.6%) of Community Survey respondents indicated that they have been affected by texting and driving. 10

Birth characteristics³

The infant death rate in 2017 was 3.9, the lowest in the four county Central Florida region.

Births to mothers with less than high school education have decreased over the past 15 years from 17.6% in 2003 to 8.3% in 2017.

Births to uninsured mothers have decreased from 6.1% in 2004 to 6.0% in 2017.

Repeat births to in 2017 mothers age 15-19 have decreased from 14.9% in 2012 to 10.0% in 2017.

More women received 1st trimester prenatal care in 2017 (81.1%) than in 2012 (79.3%).

Births to unwed mothers have decreased from 50.1% in 2013 to 49.0% in 2017.







The percentage of low birthweight babies born in Osceola County has decreased from 9% in 2014 to 8.1% in 2017. Hispanic and White women have the highest rate of uninsured births in Osceola County (5.1%).³

Birth characteristics3

African American women are more likely to have:³

♦ Higher infant mortality (7.0) - 1.5 times the Hispanic rate (4.7) and almost twice the White rate (3.7).

♦ Mothers who are obese during pregnancy

– 24% higher than White mothers.



♦ Higher unwed mother rate – 11.7% higher than White mothers.



♦ Pre-term birth – 17% higher than White and 25% higher than Hispanic.

Social & economic factors

Social and economic factors, such as income, education, employment, community safety, and social supports can significantly affect how well and how long we live. These factors affect our ability to make healthy choices, afford medical care and housing, manage stress, and more.⁸

ECONOMIC FACTORS

More than 1/3 (33.6%) of Osceola County respondents to the Community Survey indicated that they are experiencing challenges to finding affordable and adequate housing.¹⁰

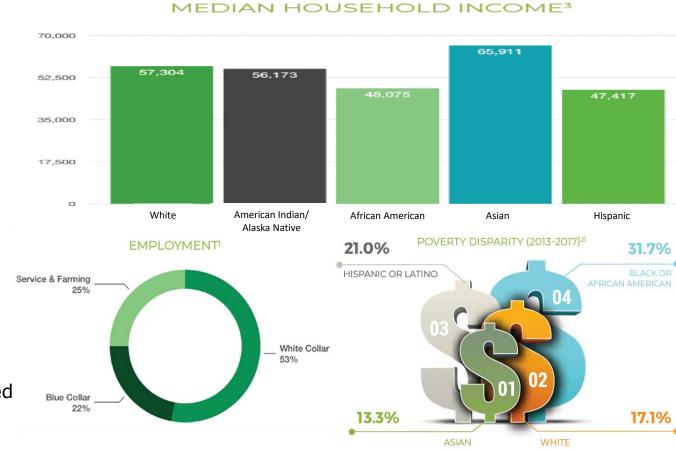
The number of homeless people in Osceola County Has decreased by 39% between 2015 and 2018.³

23.3% of children in Osceola County are living in poverty.8

Poverty Level: 14.6%.1

Poverty Level with Children: 10.75%.1

11.7% of Community Survey respondents indicated that they have experienced homelessness?



Social & economic factors

SCHOOL & STUDENT CHARACTERISTICS 3

In 2017, Osceola County saw 3,092.4 juvenile arrests per 100,000 students.³

In 2018, 53.5% of students reported that they have taunted or teased other students.3

10.9% of Osceola County community survey respondents experienced crime verses 9.9% in the region. 10.9%







2.0% OF STUDENTS INDICATED THAT THEY HAVE BEEN VICTIMS OF CYBERBULLYING ³

Built environment

The physical environment is where individuals live, learn, work, and play. People interact with their physical environment through the air they breathe, water they drink, houses they live in, and the transportation they access to travel to work and school. Poor physical environment can affect our ability and that of our families and neighbors to live long and healthy lives.⁸

PARK ACCESS, EXERCISE FACILITIES & FOOD DESERTS

Osceola County has 7.3 days per month of particulate matter air pollution.8

Osceola county currently has 12 census tracts considered food desert.²⁰

19.8% of Osceola County Community Survey respondents indicated they had problems with access to fresh, available drinking water.¹⁰



76% OF OSCEOLA COUNTY RESIDENTS HAVE ACCESS TO EXERCISE OPPORTUNITIES⁸



OSCEOLA COUNTY CURRENTLY HAS 27 FITNESS FACILITIES²²



ONLY BETWEEN 16 AND 33% OF OSCEOLA COUNTY RESIDENTS HAVE PARK ACCESS³

Policies and programs

PRIORITY AREAS

Priority areas were selected based on input from the Community Health Assessment (CHA) Leadership Team and community feedback via town hall meetings, online surveys and in-person meetings. The following items were chosen as important public health concerns in Osceola County: These priority areas will be addressed through policies and programs developed through the Osceola Community Health Improvement Plan (CHIP) 2020-2023.

CHRONIC DISEASE SCREENINGS

- · Mammograms
- · Prostate-specific Antigen Test
- Colorectal Screenings

COMMUNICABLE DISEASES

- · HIV/AIDS
- Hepatitis
- Child and Adult Immunizations

PROMOTING HEALTHY LIFESTYLES

- · Poor nutrition
- Lack of physical activity
- · Unhealthy weight
- · Tobacco/nicotine use
- · Access to healthy food
- · Risk reduction and education

SUPPORTING MENTAL HEALTH

- · Lack of services
- Suicide

DECREASING DRUG USE

- High opioid use
- · Drug use among teens

OTHER PRIORITIES

- · Protecting children & teens
- · Preventing injuries
- Strengthening families

Policies and programs

The County Health Rankings model illustrates the many factors that, if improved, can help make communities healthier places to live, learn, work, and play. Policies and programs at the local, state, and federal levels play an important role in influencing these factors. By implementing strategies that target the specific health challenges of a community, there is an opportunity to influence how long and how well people live.⁸

TOGETHER WE CAN MAKE OSCEOLA COUNTY A HEALTHIER PLACE TO LIVE, LEARN, WORK AND PLAY.

LEARN MORE BY CONTACTING US AT WWW.OSCEOLA.FLORIDAHEALTH.GOV

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